

## **ADULT** (\$35) CHILD (\$20-children 17 & under) FAMILY (\$105 5 members max. 2 adults) Name: \_\_\_\_\_\_ Birthdate: \_\_\_\_\_ Shirt Size:\_\_\_\_\_ Doctor/Health Plan: \_\_\_\_\_ Member #: \_\_\_\_\_ Day Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Emer. Contact Phone: ( ) \_\_\_\_\_ Email: \*Additional participant(s) information on backside of this form. \_\_\_\_\_declare that I am the parent/legal guardian of \_\_\_\_\_\_. I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Milpitas harmless from and against any and all liability for any injury which may be suffered by theaforementioned individual arising out of or in any way connected with his/her participation in this activity. The undersigned further authorizes the administration of any first aid steps that may be deemed necessary by qualified personnel. I also grant full permission to the City of Milpitas to use the name and any photographs, videographs, motion pictures or recordings of the individuals named herein for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information is true and accurate. I have read, understand and agree to all of the policies of Milpitas Parks and Recreation Services' in regards to Refund/Cancellations, Transfers, Late Pick-Ups, Camp and Workshop Refunds/Transfers, Code of Conduct and Discipline Plan, and Class Cancellations and Wait Lists listed in the current Activity Guide, on the website and/or on the back of this form. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND I FULLY UNDERSTAND THAT, BY SIGNING BELOW, I AM WAIVING ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR TO ASSERT A CLAIM AGAINST THE CITY OF MILPITAS FOR NEGLIGENCE ON BEHALF OF MYSELF AND THE INDIVIDUALS NAMED HEREIN. Photo/Video Release: I agree to allow the use of my/my children(s) photograph and/or video for program publicity. ☐ Yes □No

Signature

Print Name \_\_\_\_\_ Participant

\_\_\_\_\_ Date \_\_\_\_

☐ Parent ☐ Legal Guardian

Name:	Birthdate:	Shirt	Size:
Address:	City:	Zip:	·
Doctor/Health Plan:	Memb	er #:	
Day Phone: ( )	Evening Phone: ( )		
Emergency Contact:	Emer. Contact Phone: ( )		
Email:			
Photo/Video Release: I agree to allow the use of n photograph and/or video for program publicity.	ny/my children(s)	Yes	□No
Signature		Date _	
Print Name	_ Participant	☐ Parent	Legal Guardian
Name:	Birthdate:	Shirt	Size:
Address:			
Doctor/Health Plan:	Memb	er #:	·
Day Phone: ( )	Evening Phone: ( )		
Emergency Contact:	Emer.	Contact Phone	:( )
Email:			
Photo/Video Release: I agree to allow the use of n photograph and/or video for program publicity.	ny/my children(s)	Yes	□No
Signature			
Print Name	_   Participant	☐ Parent	∐ Legal Guardian
	Birthdate: Shirt Size:		
Name:	Birthdate:	Shirt	Size:
Name:			
Address:	City: Memb	Zip: er #:	
Address:	City: Memb	Zip: er #:	
Address:	City: Memb Evening Ph	Zip: er #: none: ( )	:
Address: Doctor/Health Plan: Day Phone: ( )	City: Memb Evening Ph	Zip: er #: none: ( )	:
Address:  Doctor/Health Plan:  Day Phone: ( )  Emergency Contact:	City: Memb Evening Ph Emer.	Zip: er #: none: ( )	:
Address:	City: Memb Evening Ph Emer. ny/my children(s)	er #: Zip: none: ( ) Contact Phone  Yes Date _	: ( )
Address:	City: Memb Evening Ph Emer. ny/my children(s)	er #: Zip: none: ( ) Contact Phone  Yes Date _	: ( )
Address:	City: Memb Evening Ph Emer. hy/my children(s)	er #: Zip: er #: none: ( ) Contact Phone  Yes Date Parent	: ( )
Address:	City: Memb Evening Ph Emer.  hy/my children(s)  _	er #: Zip: er #: none: ( ) Contact Phone  Yes Date _ Parent Shirt	: ( ):    No
Address:	City: Memb Evening Ph Emer.  hy/my children(s)	Zip: er #: Zip: er #: none: ( ) Contact Phone  Yes Date Date Shirt Zip:	: ( )
Address:	City: Memb Evening Ph Emer.  hy/my children(s)  Participant  _ Birthdate: City: Memb	Zip: er #: Zip: er #: Date _	:( ):    No
Address:	Memb Evening Ph Emer.  hy/my children(s)  Participant Birthdate: City: Memb Evening Ph	Zip: er #: Zip: er #: Date _	:( )
Address:	Memb Evening Ph Emer.  hy/my children(s)  Participant Birthdate: City: Memb Evening Ph	Zip: er #: Zip: er #: Date _	:( )
Address:	City: Memb Evening Ph Emer.  ny/my children(s)  _ Participant  Birthdate: City: Memb Evening Ph Emer.	Zip: er #: Zip: er #: Date _	:( )
Address:	City: Memb Evening Ph Emer.  hy/my children(s)  Participant  Birthdate: City: Memb Evening Ph Emer.  hy/my children(s)	Zip: er #: none: ( ) Contact Phone  Yes Date Parent  Shirt Zip: er #: none: ( ) Contact Phone	: ( )  : ( )    No   Legal Guardian     Size:  : ( )